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In TITLE OF REPORT (if a fill-in report include Form No.)								2. TYPE OF	X STATISTIC		
Balance of Payments Report (A/D contribu						to OPPB)		REPORT	NARRATIVE		
				TRAINING				MACHINE-NAME LISTING ADMIN. GENERAL			
3. FUNCTIONAL AREA		PERSO LOGIST		+	SECURITY			OTHER (specify)			
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2		Quarterly						2			
7. FORMAT (memorandum, form		m 8. ADP						TIVE AUTHORITY REQUIRING REPORT			
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FORM 11.2			<u> </u>		ट्य-इंड्स	callon				(22-36-43)	